# **Application Data Sheet**

# **Application Information**

Secrecy Order in Parent Appl.?::

Application number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	Method and Apparatus for Managing Voice Call
	Quality Over Packet Networks
Attorney Docket Number::	003493.00294
Request for Early Publication?::	NO
Request for Non-Publication?::	YES
Suggested Drawing Figure::	1-9
Total Drawing Sheets::	9
Small Entity?::	NO
Latin name::	
Variety denomination name::	
Petition included?::	NO
Petition Type::	
Licensed US Govt. Agency::	

NO

#### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Gagan

Middle Name::

Family Name:: Choudhury

Name Suffix::

City of Residence:: Marlboro

State or Province of Residence:: New Jersey

Country of Residence:: USA

Street of mailing address:: 5 Egret Lane

City of mailing address:: Marlboro

State or Province of mailing address:: NJ

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 07746

Applicant Authority Type:: Inventor

Primary Citizenship Country:: USA

Status:: Full Capacity

Given Name:: Robert

Middle Name:: G.

Family Name:: DOLE

Name Suffix::

City of Residence:: Churchville

State or Province of Residence:: Maryland

Country of Residence:: USA

Street of mailing address:: 1216 Glenview Court

City of mailing address:: Churchville

State or Province of mailing address:: MD

Country of mailing address::	USA
Postal or Zip Code of mailing address::	21028
Applicant Authority Type::	Inventor
Primary Citizenship Country::	
Status::	Full Capacity
Given Name::	
Middle Name::	
Family Name::	
Name Suffix::	
City of Residence::	
State or Province of Residence::	
Country of Residence::	
Street of mailing address::	
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	
Correspondence Information	
Correspondence Customer Number::	28317
Representative Information	

# **Domestic Priority Information**

Representative Customer Number::

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

22907

#### **Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

#### **Assignee Information**

Assignee name:: AT&T Corporation

Street of mailing address:: 32 Avenues of the Americas

City of mailing address:: New York

State or Province of mailing address:: NY

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 10013-2412